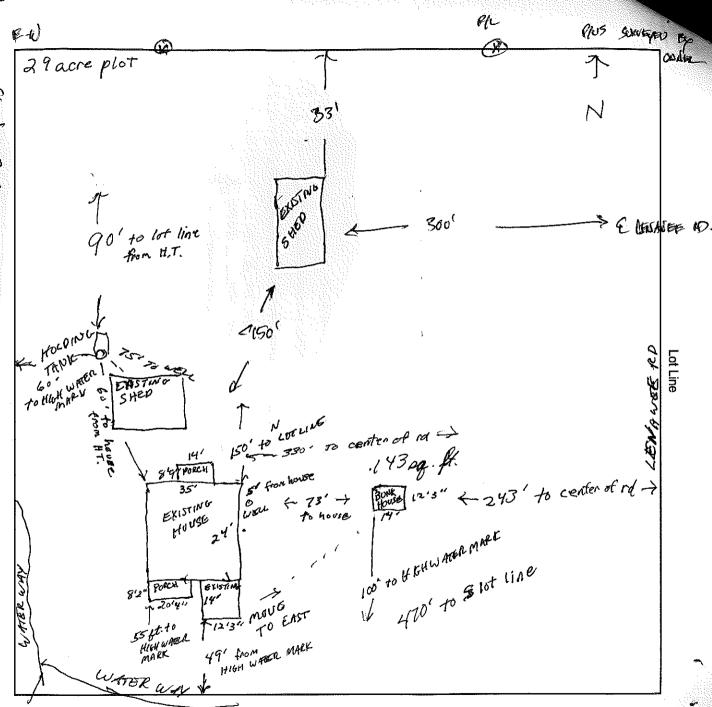
Allo 15	to spellately or import tourself
Signed Mark Signed Market Grande Date of Approval	
GOD GROWS AND	MAXIMES & MACHES OF STATES
Chiveren to A MORELO	Condition: Structure may not BE
₩ Variance (B.O.A.) #	Plan Required: Yes 🔲 No
By M. Date of Inspection 6-1-10	100 CO 10
colorious as lecuesasted by alder Amens to be cone	Inspection Record: Skockwatz Garace
	on for Denial:
Permit Number <u>J 1 - 0281</u> Permit Denied (Date)	# 8   8   80   I
ă.	Permit Issued:
PPLICANT — PLEASE COMPLETE REVERSE SIDE Attach a Copy of Recorded Deed)	★ See Notice on Back  APP
ENAWEE RD, HERBSTER, WI SYSY	Address to send permit PO BOX 91 863
agother MANY full & Date 7-2011 84-11	Owner or Authorized Agent (Signature)
(we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and mat it will be traited upon by payment country in word to issue a permit. I (we) further accept liability which may be a result of Bayfield Country relying on this information I (we) am (are) providing in or with this application. I (we) to issue a permit. I (we) further accept liability which may be a result of Bayfield Country relying on this information I (we) am (are) providing in or with this application. I (we) to issue a permit. I (we) further accept liability which may be a result of Bayfield Country relying on this information I (we) am (are) providing in or with this application. I (we) to issue a permit. I (we) are (are) providing in or with this application. I (we) are (are) providing in or with this application. I (we) are (are) providing in or with this application. I (we) are (are) providing in or with this application. I (we) are (are) providing in or with this application. I (we) are (are) providing in or with this application. I (we) are (are) providing in or with this application. I (we) are (are) providing in or with this application. I (we) are (are) providing in or with this application. I (we) are (are) providing in or with this application.	(we) acknowledge that I (we) am (are) responsible for the detail to issue a permit. I (we) further accept liability which may consent to county officials charged with administering co
FAILURE TO OBTAIN A PERMIT OT STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I	FAILURE TO OBTAIN A PERMIT ( We) declare that this application (including any accompanyin
	☐ Residential Other (explain)
「	(SI) Residential Accessory Building (explain) EXISTING.    Residential Accessory Building Addition (explain)
	Residential Addition / Afteration (explain)
☐ Commercial Other (explain)	口 業 Nesidence wateried garage (す の かいかいい) Residence sq. ft. Garage sq. ft
☐ Commercial Accessory Building Addition (explain)	Deck sq. ft Deck(2) sq. ft Deck(2) sq. ft Deck(3) sq. ft Deck(4) sq. ft Deck(5) sq. ft
Commercial Principal Bullding (explain)	Residence sq. ft.
Commercial Principal Building  Addition (explain)	Residence w/deck-porch (# of bedrooms)
☐ Mobile Home (manufactured date)	☐ <b>*</b> Residence or Principal Structure (# of bedrooms)
Sanitary: New Existing X  Type of Sentic/Sanitary System H700/	et Value 5,000,00 Square
Existing X Basement: Yes X No Number of Stories 2	Structure: New Addition Yes XI
	9
47 Authorized Agent	STER, WI
WEE RP. Plumber	Address of Property <u>86345</u> <u>LENA</u>
USAN LE/611 Contractor (Phone)	Property Owner JOE AGOSTINE + Su
Parcel I.D. 04-014-2-50-07-08-4 01-000-30000	Volume 946 Page 901 of Deeds
Subdivision CSM # Acreage 25	Gov't LotLotBlock
1/4 of Section 8 Township 50 North, Range 7 West. Town of CLOVER	Legal Description1/4 of1/4
CONDITIONAL USE SPECIAL USE BOOA. OTHER MORNING	LAND USE X SANITARY A PRIVY
	Checks are made payable to: Bayneid County Loning Department.  DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.  Changes in plans must be approved by the Zoning Department.
1116/8	INSTRUCTIONS: No permits will be issued until all fees
JUL 212011	P.O. Box 58 Washburn, WI 54891 (715) 373-6138
Date: 8 18 COL	AND FEE TO:  Bayfield County Zoning Department
APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN	SUBMIT COMPLETED ORIGINAL B. APPLICATION, TAX STATEMENT

question Porch? Not on Plot Plan



0%000% AT CASIERIA NEW YEAR の野の地 発売

Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N)

Name of Frontage Road ( LENれいを

Ŋ Show the location, size and dimensions of the structure.

ယ

4 Show the location of the well, holding tank, septic tank and drain field.

Show the location, size and dimensions of attached deck(s), porch(s) or garage.

DETAILED PLOT PLAN
IS NECESSARY, FOLLOW
STEPS 1-8 (a-o) COMPLETELY

MPORTANT

- Ċ ModS the location of any lake, river, stream or pond if applicable.
- တ Show the location of other existing structures
- Show the location of any wetlands or slopes over 20 percent
- Show dimensions in feet on the following:
- <u>Б</u> 9 Building to all lot lines
- Building ರ centerline of road
- ç Building to lake, river, stream or pond
- Q Holding tank to closest lot line
- Œ Holding tank to building
- tank ₩ell
- Holding tank to lake, river, stream or pond
- closest lot line

- Privy to building
- to lake, river, stream or pond
- Septic Tank and Drain field to closest lot line
- Septic Tank and Drain field to building

Septic Tank and Drain field to well

3

- Septic Tank, and Drain field to lake, river, stream or pond.
- ο ⊃ Well to building

\*NOTICE: All Land Use Permits Expire One (1) Year From The Date Issued

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code You Must Contact Your Town Chairman / Clerk For More Information.

The local town, village, city, state or federal agencies may also require permits.

Stake will not make or mark proposed location(s) of new building, holding tank, septic, drain field, privy, and well. Inspector an inspection until location(s) are staked or marked.